

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION



DISCLOSURE REPORT NONCANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSE	JRE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR NONCA	NDIDATE COMMITTEES.")
SECTION I-NONCANDIDATE COMMITTEE:	SECTION II-TYPE OF REPORT:	
(a) Committee Name:	(See the Schedule of Reporting Dates to complete this section)	
QUILL GROUP, INC.	[X] Preliminary Primary COLOR Amended	
(b) Mailing Address: 1885 MAIN STREET STE 104	[] Final Primary [] Short Form	
WAILUKU, HI 96793	[] Preliminary General 6 REPORTING PERIOD	
(c) Phone (Bus) 808-242-8979 (Res) 808-242-8979	- [006 through 9/8/2006
Treasurer's	[] Supplemental	Code Well
	OF RECEIPTS AND DISBURSEMENTS Half of this Form Before Completing This Section COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period (Continuing Col	mmittee) OR at	
the time the Organizational Report was Filed (New Committee)		
2. Cash on Hand at the Beginning of this Reporting Period		
3. Total Receipts (From Line 11, Column A and B)		
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column	umn BJ	No.
5. Total Disbursements (From Line 14, Column A and B)	995.00	4,495.00
6. Cash on Hand at the Closing of this Reporting Period (Subtrect Line & Columns A and B)	5 from Line 4 for	
SECTION III (Part 2)-DETAILED SUMM/ (If Necessary, Complete Schedules A t RECEIPTS	ARY OF RECEIPTS AND DISBURSEMENTS through D Before Completing This Section)	
7. Monetary Contributions of \$100 or Less		
8. Non-Monetary Contributions of \$100 or Less		
9. Aggregate Monetary and Non-Monetary Contributions of More Than s (Schedule A, Line 2 for Column A)	\$100	
10. Other Receipts (Schedule D, Line 2 for Column A)		
11. Total Receipts (Add Lines 7 through 10 for Columns A and B)		
DISBURSEMENTS		
12. Contributions To Candidates (Schedule B, Line 2 for Column A)	\$995.00	\$4,495.00
13. Expenditures (Schedule C, Line 2 for Column A)		
4. Total Disbursements (Add Lines 12 and 13 for Columns A and B)		\$4,495.00
hereby certify that the information on this report and all attached Schedul	les are true, correct and complete to the best of	my knowledge.
Committee Chairperson Signature Date	Treasurer Signature	Date Form NC-3 (Rev. 11/97)